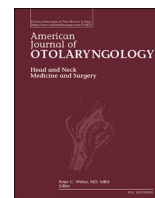


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How we ask matters: Ensuring accurate responses from AI in patient counseling

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Dear Editor,

We read with great interest the article by Mnajjed and Patel assessing the utility of ChatGPT-generated educational material for head and neck surgery counseling [1]. The study provided an insightful evaluation of ChatGPT's capabilities, particularly in comparison with traditional online educational resources. However, there are additional considerations that warrant discussion to fully appreciate the potential and limitations of this emerging technology in patient education.

First, while the study highlighted ChatGPT's comparable performance to existing online materials in providing basic perioperative information, it raises significant concerns about the bot's accuracy in identifying and advising on surgical complications. This limitation may be influenced by two factors. The first is the specific version of ChatGPT used, which the authors did not specify. The latest versions, such as GPT-4 and GPT-4o, have significantly improved their ability to provide more accurate and evidence-based responses [2–5]. Second, the accuracy of ChatGPT's responses can be enhanced by providing prompts that better contextualize the questions, allowing the AI to understand the role it needs to fulfill and the patient's specific needs [6,7]. While a physician naturally understands these aspects when counseling patients, the AI can only grasp them if explicitly instructed.

Moreover, the readability of ChatGPT's output, consistently rated at a college level, presents a barrier to accessibility. However, this aspect can also be improved by specifying in the prompt the type of language to use or the reading level of the intended recipient of the information [6–8]. By tailoring the language appropriately, the AI can generate content that is more accessible to patients with varying levels of health literacy.

Additionally, the article appropriately notes that ChatGPT's ability to interact with users when prompted is a unique feature that distinguishes it from traditional educational materials. However, it is also clear that none of the existing tools used to assess the quality of patient education materials, such as PEMAT or SAM, are fully applicable to chatbots like ChatGPT. These tools were designed to evaluate static content, whereas interactive AI systems require a different set of criteria to assess their effectiveness and safety accurately. It is therefore imperative that the healthcare community develops and validates new evaluation tools

specifically tailored to the dynamic nature of AI-driven patient education platforms [9–11]. Such tools should assess not only the accuracy and readability of the information but also the quality of interaction, user engagement, and the system's ability to recognize and appropriately respond to complex medical scenarios.

In conclusion, while ChatGPT represents a significant advancement in AI-driven patient education, healthcare providers must remain vigilant about its limitations. AI should be used to augment, not replace, the nuanced care and judgment provided by experienced healthcare professionals.

CRediT authorship contribution statement

Luigi Angelo Vaira: Conceptualization, Writing – original draft, Writing – review & editing. **Giacomo De Riu:** Conceptualization, Writing – review & editing. **Carlos Miguel Chiesa-Estomba:** Conceptualization, Writing – review & editing. **Antonino Maniaci:** Conceptualization, Writing – review & editing. **Miguel Mayo-Yáñez:** Conceptualization, Writing – review & editing. **Alberto Maria Saibene:** Conceptualization, Writing – review & editing. **Jerome R. Lechien:** Conceptualization, Writing – review & editing.

Informed consent

N/A.

Ethical approval

N/A.

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Declaration of competing interest

None declared.

Acknowledgment

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